

GILL TREMLETT

SUPERVISORY SKILLS

# COMMUNITY INVOLVEMENT



WORLD HEALTH ORGANIZATION



Programme for  
Control of Diarrhoeal Diseases



***Community Health Cell***  
**Library and Information Centre**

# 367, "Srinivasa Nilaya"  
Jakkasandra 1st Main,  
1st Block, Koramangala,  
BANGALORE - 560 034.

Phone : 553 15 18 / 552 53 72  
e-mail : [chc@sochara.org](mailto:chc@sochara.org)



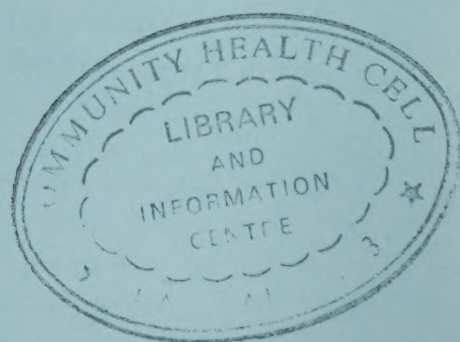


COMMUNITY INVOLVEMENT



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# COMMUNITY INVOLVEMENT

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# COMMUNITY INVOLVEMENT

## INTRODUCTION

All of us would prefer to do something because we believe it is needed, rather than because someone tells us to do it. This is true for many things, including involvement in health activities.

If people are involved in planning health services, they will know how the services will help them. They will want to use the services. They will also feel more responsible for the success of the services and will give their support to improve them.

There are several ways in which a community can become involved in its health services:

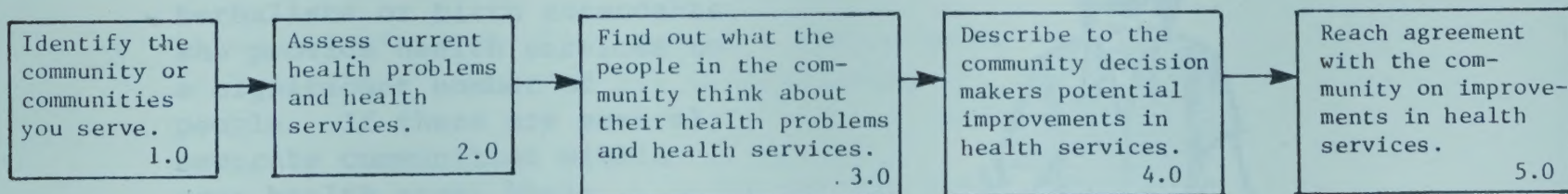
- (1) The community can help to choose what health services will be provided to them--to make sure that these services meet their needs.
- (2) The community can help to plan delivery of these services so they will be acceptable to as many people as possible, and to promote the services so they will be used.
- (3) The community can use the health services and assist in evaluating their usefulness.

The community can be involved in these ways by working with the supervisor of a health facility or community health workers.

## LEARNING OBJECTIVE

A learning objective describes the tasks that you should be able to do after receiving instruction.

The tasks necessary to ensure community involvement are shown in the following chart. The information, examples, and practice exercises in this module should prepare you to do these tasks in your own health area.



Each of these steps will be described in detail in this module.



Following are 3 general principles that you should keep in mind when working with the community:

- It is very important to know the community (or communities) you are serving. If you are not a native of the community, learn its customs, traditions, and especially its language. This will not only help you become accepted by the community, but will help you learn better how the community functions, and allow you to work with the community and its leaders more efficiently.
- Work with the community. You do not want to be seen as someone giving the community what you feel it needs, but as someone helping the community use its own resources to improve health.
- Talk about specific benefits of health services as much as possible, but do not make specific predictions about how many cases or deaths will be prevented by using a service. People might be suspicious or uncooperative if you promise them too much.



## 1.0 IDENTIFY THE COMMUNITY (OR COMMUNITIES) YOU SERVE.

### 1.1 IDENTIFY YOUR HEALTH AREA, AND ESTIMATE ITS POPULATION.

Your health area is the geographic area for which the government has given you responsibility. It may include a health facility, one or more community health workers, or both. To estimate the number of people currently living in your health area, use the best data available. This will usually be census data. If the census data is more than one year old, you should estimate the current population by considering the country's growth rate and any unusual movement of people into or out of your health area. Guidelines for doing this can be found in the Annex of this module.

### 1.2 IDENTIFY THE COMMUNITY (OR COMMUNITIES) IN THE HEALTH AREA.

In order to know how to best provide health service in your health area, you must be familiar with the way of life of the people who live there. You may find that your health area actually contains several communities (that is, several villages, compounds, city blocks, ethnic or religious groups), each with its own health problems, customs, leaders, or even language. You should become familiar with each of these communities.

If you are not familiar with the various communities or their characteristics, ask people who are familiar with the area, such as the following:

- Village elders or community leaders
- Health centre employees
- Community health workers
- School teachers
- Police
- Tax collectors
- Religious leaders

You may already have a map of your health area. If not, it will be helpful to draw one. This map should show features such as roads, bridges, rivers or mountains, which could either help or hinder travel to the health centre or to community health workers. It should also show the location of the health centre and of any community health workers, traditional healers, herbalists or birth attendants who provide health services to a significant number of people. If there are several separate communities within your health area, their locations should be shown on the map, along with estimates of their populations.





### 1.3 DEFINE ACCESS TO HEALTH SERVICES.

Access is the opportunity to obtain or use a service. People who have access to health services are those who live close enough to those services to be reasonably expected to use them. When you define access, you are defining how long people are willing to spend traveling to health services and how far they are willing to travel. When defining access in your own health area, you should consider factors such as these:

- Distances people are willing, or able, to travel for health services.
- Obstacles (such as mountains or rivers) that make travel difficult or time consuming.
- Amount of time people are willing to spend traveling for health services.
- Availability of public transport (only when most people can afford to use it).

The map of your health area can be useful when you define access, because it can show obstacles that might prevent people from having access and can show how far communities are from health care providers.

**EXAMPLE** Here are examples of access definitions for two imaginary districts - South Pasa and Central Pasa.

The first example describes people with access to health services in a rural area of the South Pasa District:

- Anyone who lives within 10 km of the health centre and has use of a donkey, plus
- Anyone without use of a donkey who lives within a 2-hour walk of the health centre, plus
- Anyone who lives in a village where there is a community health worker.

The second example describes people with access to health services in an urban area of the Central Pasa District:

- Anyone living within a 1-hour walk of the health centre or within a 15-minute walk of the bus line to the health centre, plus
- Anyone having the use of an automobile.



#### 1.4 CALCULATE THE NUMBER OF PEOPLE IN YOUR HEALTH AREA WITH ACCESS TO HEALTH SERVICES.

Once you have determined a definition of access to health services in your health area, you can indicate on your map where people with access live, and the populations of the various communities. Then you can calculate the number of people who have access to services by adding the populations of these communities together.

#### 1.5 COMPARE THE NUMBER OF PEOPLE WITH ACCESS TO HEALTH SERVICES TO THE NUMBER WITHOUT ACCESS.

To determine the number of people without access to health services, subtract the number with access from the total population of your health area. You should try to make service available to as many of the people in your health area as possible. Ways to do this will be discussed in Targets. In the meantime, you should visit those parts of your health area without access. In each one you can meet with community leaders and health care providers and discuss any plans you have made, or are making, to bring specific services to that community. You can also discuss ways that the community can improve the health services it already has. (For example, you could discuss how to prevent diarrhoea through improved hygiene and how to treat diarrhoea through the use of homemade salt and sugar solution.)

People with access to health services live close enough to use them.







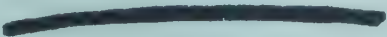
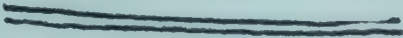




EXAMPLE On the following page is a map of a rural health area.

Access Definition

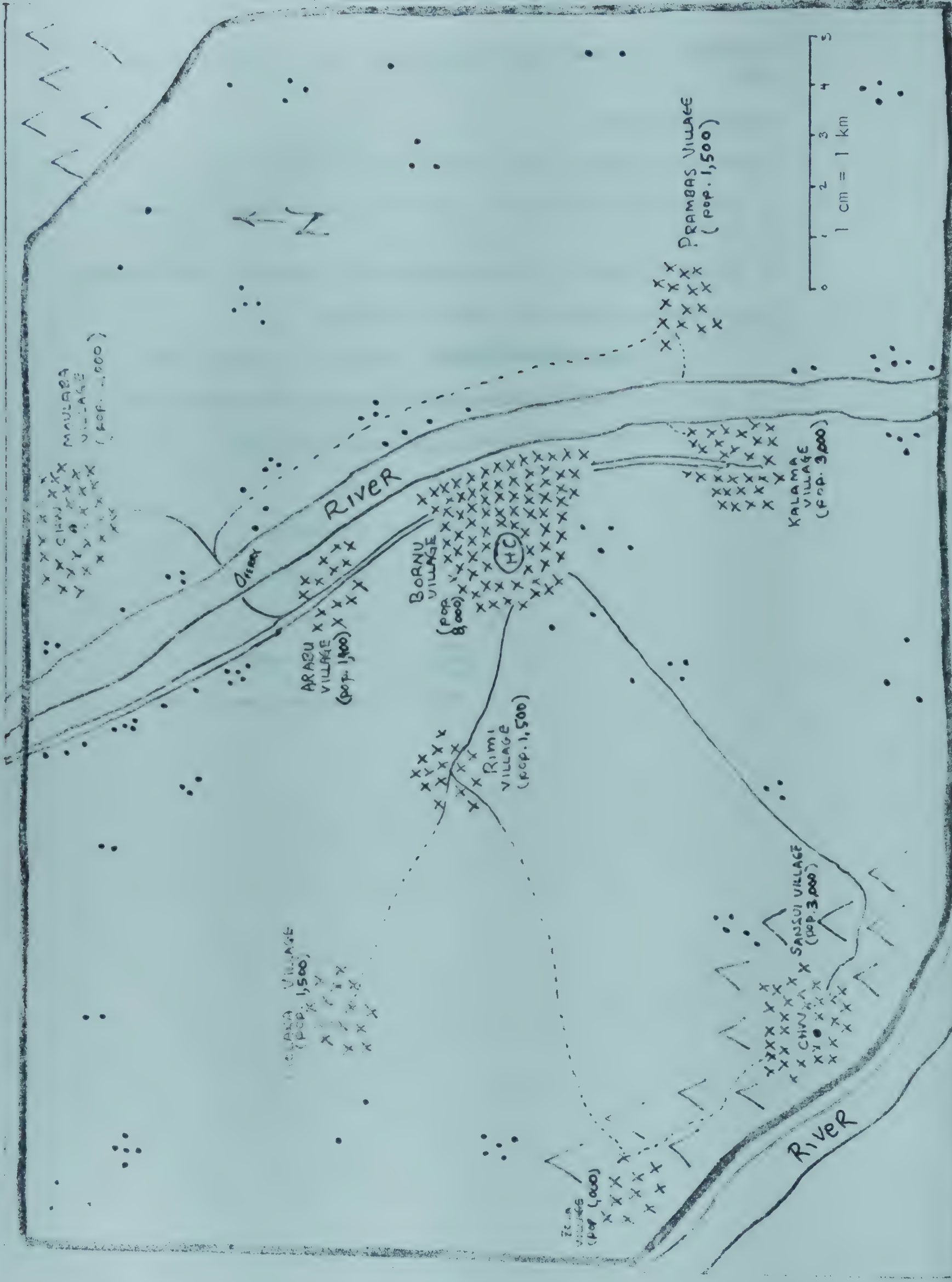
People with access in this health area include:

- Anyone who has to travel less than 5 km to reach the health centre.
- Anyone living in a village served by a community health worker.

The following symbols are used on the map:

	= Outline of health area
	= Paved, all-weather road
	= Unpaved road
	= Path
X	= 100 people
•	= 10 people
	= Mountains
	= Health centre
CHW •	= Community health worker

BORNU HEALTH AREA





To calculate the number of people in the Bornu Health Area who have access to health services, the health area supervisor for that area used the current population figures, his map, and his access definition.

- Using the latest census figures and the chart found in the Annex of this module, he estimated that the current population of the health area is 25,000. That population is distributed as follows:

<u>Village</u>	<u>Population</u>
Bornu	8,000
Arabu	1,400
Rimi	1,500
Kalama	3,000
Prambas	1,500
Sansui	3,000
Zola	1,000
Molaka	1,500
Moulaba	3,000
(Not in villages)	<u>1,100</u>
	25,000

- He identified and added together the number of people WITH access to health services. Looking at the map he saw that:

- 4 villages (Bornu, Kalama, Rimi, and Arabu) are within 5 km of the health centre. (Notice that while Prambas is also within 5 km of the health centre, people from Prambas would have to walk north to the ferry and then south again to Bornu to get to the health centre, a distance of well over 5 km. Therefore, Prambas <u>does not</u> have access.)	Bornu	8,000
	Kalama	3,000
	Rimi	1,500
	Arabu	<u>+1,400</u>
		<u>13,900</u>
- 2 more villages (Moulaba and Sansui) have community health workers.	Moulaba	3,000
	Sansui	<u>+3,000</u>
		<u>6,000</u>
- about 100 people who do not live in a village are within 5 km of the health centre.		<u>100</u>

He then added these populations together	13,900	
	6,000	
	<u>+ 100</u>	
	20,000	total population with access

- He identified and added together the number of people **WITHOUT** access to health services. Looking at the map he saw that:

- 3 villages are farther	Prambas	1,500
than 5 km from the health	Molaka	1,500
centre and have no CHW	Zola	<u>+1,000</u>
		4,000

- about 1,000 people do not live in villages and have no access to health services	1,000
--	-------

He then added these populations together	4,000
	<u>+1,000</u>
	5,000 total population without access

- Finally, he compared the number of people with access to health services to the number without access.

25,000 total population of health area
20,000 population with access
5,000 population without access

The health area supervisor told the district health supervisor the number of people who have and do not have access to health services. He planned to visit the communities without access to discuss ways for the people to best deal with their health problems, and to consider ways to make health services available to them.





## EXERCISE A

In this exercise you will write an access definition for a health area, and calculate the number of people in that health area who have and who do not have access to health services.






1. On the next 2 pages are a map and information on an imaginary health area, the Ayala Health Area. Examine the map and read the other information provided about the area. Then, using the map and other information, write an access definition for that health area.
  
2. Compute the number of people in the Ayala Health Area who have access to health services. Use the map, your access definition, and the population figures of the health area. Compute the number of people who do not have access and compare it to the number who do.
  
3. IF YOU HAVE BROUGHT A MAP, AND OTHER INFORMATION, FROM YOUR OWN HEALTH AREA, ANSWER QUESTIONS 1 AND 2 FOR YOUR AREA.

You may mark information such as populations of communities or locations of health centres or community health workers on your map if you wish. You may also want to redraw, or trace, your map on a plain sheet of paper, including just the important features.

When you have finished this exercise, talk with the course facilitator.

# MAP FOR EXERCISE A

On the next page is a map of the Ayala Health Area. The following symbols are used on the map:

	= Outline of health area
	= Paved, all-weather road
	= Unpaved road
	= Railroad
	= Railway station
X	= 100 people
•	= 10 people
HC	= Health centre
CHW	= Community Health Worker

The Ayala Health Area covers about 500 square kilometres and has a population of 17,400, distributed as follows:

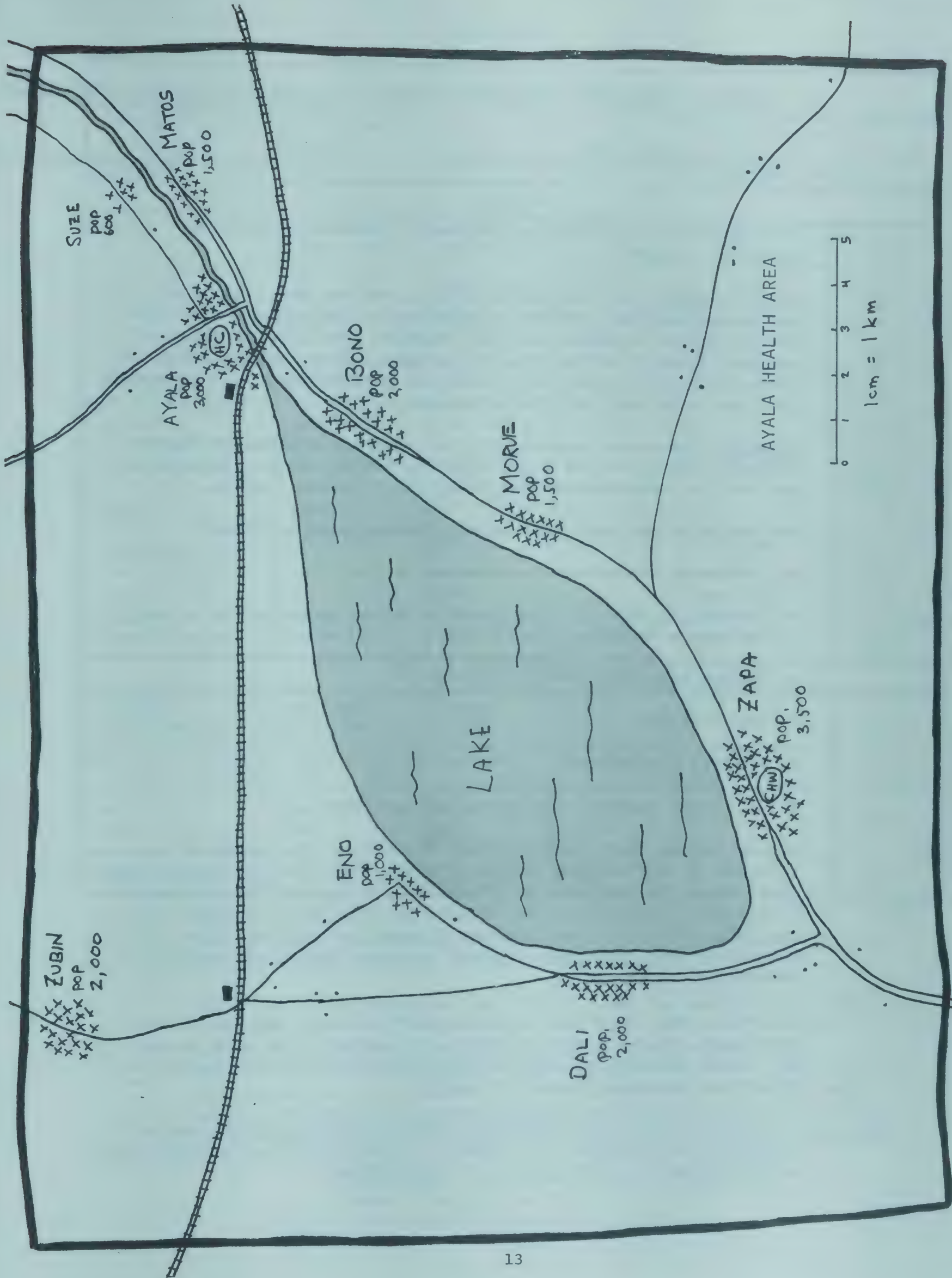
<u>Village</u>	<u>Population</u>
Ayala	3,000
Eno	1,000
Zubin	2,000
Morue	1,500
Suze	600
Matos	1,500
Bono	2,000
Zapa	3,500
Dali	2,000
(not in villages)	300

People in this health area are willing to spend about 1 hour traveling to the health centre for health services. Most people either own a donkey or can borrow one, and can travel at about 10 km/hour.

The train runs every 2 hours from the station near Zubin into Ayala and back, and is nearly always on schedule. The train fare is 4¢ (which most people can easily afford), and the trip takes 15 minutes. There is an inexpensive bus service between the villages of Ayala, Matos, and Bono.

Community health workers in this area only treat people who live in their village.







## 2.0 ASSESS CURRENT HEALTH PROBLEMS AND HEALTH SERVICES.

### 2.1 REVIEW RECORDS WHICH PROVIDE DATA ON HEALTH PROBLEMS AND SERVICES

Your best source of data will probably be health centre or hospital records.

Health Centre. In the health centre, you may get data from individual patient records or from the registration book. Some health centres occasionally put together summaries of data, or may have records of reportable diseases. These may be easier to review than the registration book and patient records, especially when you have many records to review.

Hospital. Hospital records will be similar to those in health centres. There may be 2 registration books, one for inpatients and one for outpatients, and some kind of death records.

You may also get data from other sources, such as these:

- Community health worker records.
- Records of other clinics, such as those supported by private voluntary organizations.
- Census records.
- Pharmacists.
- Private physicians.
- Religious leaders (may have death records).

As you review these records, keep a count of the number of episodes of the various health problems that occurred during the past year. Entries labeled "Symptoms and Signs," "Diagnosis," or "Treatment" are most likely to give you the data you need. You may also want to collect data on preventive services (such as immunizations) since use of these services will also show the community's concerns.

You might want to design a simple form, such as the one on the next page, on which you can count the numbers from each source. (If death records are kept in your area, you may also be able to count most frequent causes of death.)

If there are too many records to review easily, you may use a sample of the entries (for example, those from alternate weeks or alternate pages) rather than all the entries.

# EXAMPLE

Butawa Health Area, July 1982					
Problem treated or service provided:	Government Health Centre	Private Clinic	Dr. Sati	Community Health Worker	TOTAL
Problems					
Fever			1		56
Acute respiratory infection					27
Gastroenteritis					21
Dysentery					15
Malaria					23
Skin Disease					43
Measles				1	19
Diarrhoea					21
Cough					18
Wound/trauma					28
Preventive Services					
Measles immunization					25
Tetanus toxoid-2					21
DPT-3 immunization					20
Prenatal visits					50

Notice that this form is for a single month. You can add up the monthly figures to get a total for the year.

After you have completed your count, look to see if any of the problems have been listed under more than one name. On the sample chart on this page, for example, gastroenteritis, dysentery and diarrhoea have all been listed. These could be considered as one problem, as could respiratory infection and cough. We have also combined fever and malaria, because malaria is a common problem in this health area and is often misdiagnosed.

Diarrhoea + Gastroenteritis + Dysentery = 57  
 Fever + Malaria = 79  
 Respiratory Infection + Cough = 45



Also, be aware that some health problems may not be shown on health service records because people do not seek treatment for them. For example:

- Neonatal tetanus is often not shown. Because it occurs shortly after birth and is usually fatal, people in some cultures simply accept its occurrence and do not try to treat it.
- Any other disease that people know is likely to be fatal may also not be shown. The reasons for this may be economic. People may not want to spend money for treatment when there is little hope that it will be effective.
- Diarrhoea and some other diseases may be seen as such common problems that people do not seek treatment for them.
- Treatment is often not sought for polio because people realize that little can be done about it.
- People might not recognize mild or moderate undernutrition, and therefore not seek treatment for it.

## 2.2 OBTAIN DATA FROM OTHER SOURCES.

- Health care providers without written records.

If you talk to private physicians, community health workers, or traditional healers who do not keep written records, you can simply ask them to tell you the health problems they treat most often.

- Surveys.

Check with district, regional, or national health officials to find out if any surveys of health problems have been conducted. If such a survey was conducted in another part of the country, the results may still be useful as long as the health concerns and problems of that region are similar to yours. Be sure that any survey you use is recent enough that the data will still be helpful.

## 2.3 IDENTIFY THE MAJOR HEALTH PROBLEMS IN YOUR HEALTH AREA.

Using the figures from health records and additional information from health care providers or surveys, identify the major health problems. Write a brief statement summarizing your findings and

conclusions about these major problems. Here is an example of such a statement:

"Data from four sources of health records (public health clinic, private clinic, a private physician, and a community health worker) show that malaria and fever were treated more often (452 listings) than any other complaint during 1982. (It is thought, although not known for sure, that many episodes labeled "fever" are actually malaria.) Diarrhoea, dysentery and gastroenteritis together are second most common, with 377 incidents recorded. Respiratory infection and cough together are third with 315 recorded incidents, and skin diseases fourth with 246. The community health worker said that he thought 'about half' the episodes of diarrhoea in his village were not brought in for treatment.

"Most children receive measles, DPT, and tetanus immunizations, which suggests that these are considered important diseases.

"Two traditional healers from different villages said that diarrhoea and malaria are the most common diseases that they treat."

Remember that the figures you get may not be a reliable record of the number of people who get a disease, but that they do reflect community concern by showing what health problems people seek treatment for.

You will use this information on the community's concerns in Step 3.0 when you meet with community decision makers to discuss health problems and services.





## EXERCISE B

In this exercise you will consider information from several sources on what health problems are most often treated, and then write a brief statement summarizing your findings.

1. Read the following background information:

You are the health area supervisor responsible for the Bornu Health Area. There is a public health centre (of which you are in charge) in Bornu village. There are two villages which have community health workers. There are birth attendants in 3 villages, and 3 villages are served by traditional healers.

Of these health providers, the health centre and the 2 community health workers keep written records. On the following page is a form listing the number of people treated for various health problems by each of these providers for the entire year of 1982.

BORNU HEALTH AREA - 1982				
Problem treated or service provided:	Health Centre	Community Health Worker - Moulaba	Community Health Worker - Sansui	TOTAL
Problems				
Fever	109	29	27	165
Cough	53	21	25	99
Malaria	446	44	19	509
Diarrhoea	382	100	90	572
Gastroenteritis	151	0	0	151
Dysentery	67	0	0	67
Respiratory Infection	281	16	25	322
Skin Disease	116	24	9	149
Wounds/Trauma	58	38	34	130
Measles	142	44	18	204
Undernutrition	92	11	21	124
Preventive Services				
Tetanus Toxoid-2	212	0	0	212
DPT-3 Immunization	280	0	0	280
Malaria Prophylaxis	46	0	0	46
Family Planning	65	21	27	113
BCG Immunization	329	0	0	329
Measles Immunization	252	0	0	252



In addition to getting these figures, you interviewed the health care providers who do not keep written records. The result of these interviews is as follows:

- The 3 traditional birth attendants are all called upon primarily to perform birthing duties. Each said she is occasionally asked about other health problems--usually coughs, fevers, and diarrhoea in children she has delivered.
  - An herbalist said that "about half" of his patients come to him for cures for infertility. He also gives remedies for stomach problems including diarrhoea and vomiting, for headaches and fever, and for skin rashes.
  - A traditional healer who was interviewed has a reputation for treatment of respiratory problems (sore throat, cough), and "many people" come to him with these problems. He also sees many children with diarrhoea, and a smaller number of people with fever or malaria.
2. In the space below, write a brief statement summarizing your findings and conclusions about the major health problems in the health area. See page 17 for an example of such a statement.
3. IF YOU HAVE BROUGHT DATA ON THE HEALTH PROBLEMS MOST OFTEN TREATED IN YOUR HEALTH AREA, USE IT AND YOUR KNOWLEDGE OF THE AREA TO DETERMINE THE MAJOR HEALTH PROBLEMS. Write a brief statement of your conclusions below:

When you have finished this exercise, talk with the course facilitator.

## 2.4 NOTE SERVICES CURRENTLY OFFERED.

In later steps, when you consider ways to improve service, you will need to be familiar with services currently being offered. You can observe current practices as you collect data from the various health facilities and health care providers.

Note the methods of treating each of the major health problems, getting information from staff members as necessary. Also note the preventive services being offered.

Observe in a general way how each health service is run, noting details such as the hours the clinic is open, the hours that the community health worker is available, the length of time people must wait for service, the cost of services or drugs, and the courtesy and morale of health workers. It is a good idea to make notes on your observations to use when planning improvements to health services.



### 3.0 FIND OUT WHAT THE PEOPLE IN THE COMMUNITY THINK ABOUT THEIR HEALTH PROBLEMS AND THE HEALTH SERVICES.

In order to try to meet the health needs of the community with health services, you must first find out what the community feels its needs are. In every community there will be decision makers whose opinions will be helpful.

#### 3.1 IDENTIFY COMMUNITY DECISION MAKERS AND ARRANGE A MEETING OR MEETINGS WITH THEM.

Decision makers are not only people who make formal decisions (such as legislators or political leaders), but also those who have influence in the community and are able to encourage the community to support health services. This can include people like village elders, religious leaders, or traditional healers. In some communities organized groups, such as women's groups, have considerable influence.

Note: Remember that there may be several communities (as defined by ethnic, tribal, geographic, religious, or class differences) within your health area. Identify decision makers for each of these.

If you are not familiar with a community and do not know who the community decision makers are, you can get information from people like health centre employees who know the community. Ask them questions like, "Whose opinion do the people most respect?" or "Who do people go to for guidance when they have a problem?" or "Who must accept a new health service before the people will trust it?"

In some communities there are health committees which make decisions about health activities. Meet with these health committees where they exist.

If you are not from the area, be sure you learn the local customs regarding meetings. By respecting and following the community's customs, you will be more likely to get cooperation.

Then, observing these customs, arrange meetings with the decision makers you have identified. Try to meet with the decision makers in a group, but if this is not possible meet with them individually or in smaller groups.

### 3.2 FIND OUT WHAT THE COMMUNITY DECISION MAKERS THINK ABOUT THE HEALTH PROBLEMS IN THEIR COMMUNITY.

Meet with the decision makers. First explain that your objective in the meeting is to find out how to work with the community to help them use available resources to improve health. Then discuss the community's health problems.

- You may share with them your observations and conclusions about the community's major health problems (from Step 2.0).
- Ask them to describe what they feel are the community's major health needs and concerns (giving them time to get this information from other people if necessary). If your observations and their opinions do not agree, you may call these differences to their attention; but give them this information in such a way that it is clear that you are not trying to force them to accept certain services. You should learn the answers to these questions:
  - What population groups (children, adult workers, etc.) are of greatest concern to the community?
  - What specific health problems are of most concern?
  - What are any other health-related concerns of the community (for example, service is not available in certain areas, clinic hours are inconvenient for some people, the community would like to have a community health worker)?

Note: You need to be sure that the opinions of all the population groups in your health area are represented. Sometimes the decision makers will not represent the opinions of certain groups. To make sure everyone is represented, get the decision makers' permission to go out into the community itself and discuss health issues directly with the people.

- Being familiar





with community customs and habits will help you know when and where to meet with community members. In most communities it is necessary to spend a night or two in a village or compound, both to get to know the people and to be with them at a time when they are free to talk.

### 3.3 DISCUSS THE COMMUNITY'S HEALTH SERVICES.

- For each of the health problems identified in Step 3.2, discuss what the community is currently doing about it. Learn how the community feels about health services that are currently available, how much they are using those services, and what kinds of local health care the people use.
- Identify reasons why people might not use health services. If current health services are not widely used, you might want to discuss possible reasons for this. There are 2 types of factors that can keep people from using services: factors that limit access to the service (such as mountains), and factors that limit use by people who have access (such as overcrowded clinics).

Another way to look at factors that keep people from using health services is to divide them into 3 major categories:

- (1) Lack of information
- (2) Lack of motivation
- (3) Barriers



## SHORT-ANSWER EXERCISE

Below we have listed the 3 categories of factors that can keep people from using health services, and have included one example in each category. List one or two more examples of how each of these factors can limit use. Try to use examples that might apply in your own health area.

- Examples of how lack of information can limit use:
  - People do not understand the benefits of health service.
  - 
  -
- Examples of how lack of motivation can limit use:
  - People do not want to go to the clinic because it is overcrowded.
  - 
  -
- Examples of how barriers can limit use:
  - Cost of treatment or medication is high.
  - 
  -



Possible Answers: Your answers may be different.

- Examples of how lack of information can limit use:
  - People do not know that certain health services are available.
  - People believe that certain health problems are untreatable.
- Examples of how lack of motivation can limit use:
  - People do not want to go to the clinic because clinic employees are rude.
  - People do not want to go because they think it would be a waste of time, since during previous visits for health care they found the clinic closed, the doctor out, or drugs not available.
  - People consider current methods of treatment for a certain health problem to be adequate, or consider them more convenient or less expensive than the new treatment.
  - People do not like a treatment because it is unpleasant or has unpleasant side effects (for example, immunization is sometimes accompanied by fever).
  - People believe that treatment is not effective (for example, because oral rehydration therapy does not stop diarrhoea, people may think it does not work).
- Examples of how barriers can limit use:
  - Mountains or other difficult terrain make it difficult to travel even relatively short distances.
  - Long distances must be traveled for service.
  - Rivers have no convenient bridge, ferry or ford.
  - Roads are poor, or no roads exist.
  - There are seasonal floods that make travel difficult.
  - Community members and persons providing service have ethnic or religious differences which prevent them from associating.
  - Social customs forbid women to leave their homes during the day.
  - Traditional healers are considered the only acceptable source of treatment for certain health problems.

- Certain health problems are accepted as fate.
- Clinic hours are inconvenient because they do not match social routine.
- Cost of transportation to the clinic is high.
- Wages are lost when time is taken off from work to go to the clinic.

It is important to UNDERSTAND reasons people do not use health services.



#### 4.0 DESCRIBE TO THE COMMUNITY DECISION MAKERS POTENTIAL IMPROVEMENTS IN HEALTH SERVICES.

After you have discussed what the community considers its major health problems and concerns, describe to the decision makers what programmes or services offered by the Ministry of Health could be helpful in dealing with their problems.

#### 4.1 DESCRIBE WHAT THE MINISTRY OF HEALTH FEELS ABOUT THE NATION'S MAJOR HEALTH PROBLEMS FOR WHICH EFFECTIVE SERVICE IS FEASIBLE.

To prepare for this, review national or regional statements of priorities, objectives, and plans which describe the nation's major health problems. In the meeting, discuss this information with the decision makers. Point out which of the national priorities match major problems identified in the community.

#### 4.2 DESCRIBE HOW THE MINISTRY CAN HELP LESSEN THE EFFECTS OF EACH OF THE COMMUNITY'S MAJOR HEALTH PROBLEMS.

Possible ways are:

- bringing new services to the community.
- making improvements in existing services.
- continuing to support existing services that are working.
- providing education or resources to help the community deal with problems on its own.

**EXAMPLE** You have learned the following facts about a community: Diarrhoea has been identified as its major problem. Measles is another cause of concern. Immunizations are already being given in the clinic, but do not include measles. The immunization program is considered worthwhile by people who have used it. Diarrhoea is being treated with Kaolin. Because the village is a fairly long distance from the clinic, residents will usually not go there unless treatment is needed for a serious illness.

You could explain that the Ministry is supporting a new approach to control diarrhoea. This involves educating mothers on ways to prevent diarrhoea (such as proper hygiene and nutrition) and on how to treat diarrhoea in the home. It also involves treating diarrhoea with oral rehydration therapy. The Ministry can supply

packets of oral rehydration salts to the health facility, give mothers advice and information on breastfeeding and on nutrition for babies and young children, and can improve the referral system for severe episodes.

The Ministry will continue to provide vaccine for diphtheria, pertussis, tetanus, and neonatal tetanus, and to train health workers to give immunizations. To improve immunization services the Ministry will also provide measles vaccine to the clinic if it can be properly stored. You suggest that including measles in the immunization programme may also encourage more people to use that service.

To help more people have access to health services, the Ministry is willing to train a community health worker for the village if the village wants one and is willing to support his work. The community health worker could treat malaria and diarrhoea, and perform other services.

In addition, a special outreach service can be started in villages with community health workers. In this service an outreach worker would visit the village once a month to give immunizations.





## 5.0 REACH AGREEMENT WITH THE COMMUNITY ON IMPROVEMENTS IN HEALTH SERVICES.

In this step you will discuss how to make the improvements that the community would like in health services.

### 5.1 ASK HOW THE DECISION MAKERS WANT TO USE THEIR RESOURCES AND THOSE OF THE HEALTH MINISTRY FOR HEALTH IMPROVEMENTS.

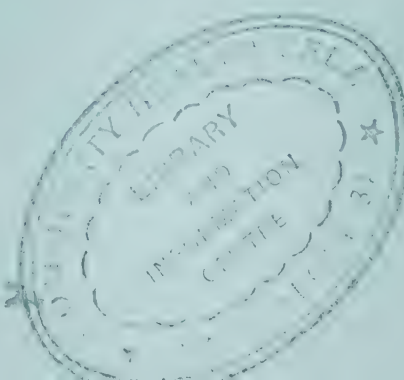
For each major health problem or need you have identified in the community:

- Ask if the community wants to make use of ministry services you have discussed.
- Discuss how each of these services can be made to best meet the community's needs. Issues you can discuss include:
  - how to make the service acceptable to the community (for example, by having the village chief be first to be immunized, or by having influential groups or individuals endorse ORS therapy).
  - how to make the service accessible to the community (for example, by providing outreach immunization services when possible, or by making sure that maternal and child health clinic hours are convenient for the mothers).
- Discuss ways that the community can use its own resources to help respond to the problem. For example, the community could:
  - build an annex to the clinic,
  - help maintain the clinic,
  - provide volunteer staff,
  - destroy malaria breeding sites,
  - help educate others about health issues,
  - help with ongoing evaluation of health services.



## 5.2 REACH AGREEMENT WITH THE COMMUNITY DECISION MAKERS ABOUT HOW EACH HEALTH PROBLEM OR NEED WILL BE RESPONDED TO.

- Reach agreement about what services will be provided and how they will be provided.
  - Make a commitment to the community to contact the Ministry about starting the specific services that the community wants.
  - Get a commitment from the community that they will support the services agreed upon (for example, that they will choose and support a community health worker if they have said they want one, that they will use the new services, or that they will provide volunteer or paid workers to help deliver the new services).
  - Agree on specific improvements to existing health services (such as longer or more convenient clinic hours).
- Reach agreement on what community resources will be used, and how they will be used, to respond to health problems and needs.







## EXERCISE C

In this exercise you will participate in a role-play meeting between a health area supervisor from Bornu health centre and a group of community decision makers from Molaka. During this meeting you will discuss the major health problems and concerns in the community, then try to reach agreement on improvements to be made in the community's health services.

See the course facilitator, who will assign you a role and give you additional details about the exercise. Then read the background information below.

### BACKGROUND INFORMATION FOR ROLE-PLAY EXERCISE

The meeting will take place in the village of Molaka in the Bornu Health Area. Molaka is a village of about 1,500 people. It is located about 10 km from the health centre in Bornu and has no community health worker. The supervisor is concerned that the people in Molaka are part of his health area but do not have access to health services. There is a traditional healer who treats a variety of illnesses including diarrhoea and respiratory problems. He is very highly respected in the village.

Most of the people of Molaka are farmers. About once a week, many of them take their produce into the market in Bornu Village.

Molaka is ruled by a chief, who will lead this meeting. When the chief makes major decisions, he usually asks for advice from a council of village elders and from the community's religious leader. (There is one religious group in the village, to which everyone belongs.) There is a women's group in the village which is also very influential.

The health centre in Bornu village is understaffed, and people from Molaka, after a long journey, still must often wait a long time for service on a busy day. The immunization programme has been fairly successful. In Molaka the community worked enthusiastically when the programme was begun 2 years ago. Local artists designed posters, the women's group went from home to home telling people about the programme, and children from the village put on plays about the benefits of immunization.

In addition to immunization, national health priorities are:

- Diarrhoea. The diarrhoeal disease control programme is just starting, with emphasis on education of mothers, home treatment, and oral rehydration therapy.
- Malaria. Emphasis is on prevention of malaria through mosquito control and prophylaxis for pregnant women (using chloroquine tablets). Proper treatment is also stressed.
- Nutrition. Educational programmes on nutrition, especially childhood nutrition, are being given in the schools and at the health centres.

In the Bornu Health Area, the diarrhoeal disease control programme has not yet started, but the Ministry of Health is trying to interest the people in it. The programme has already begun in a neighbouring health area, and has been quite successful there. Some residents of Molaka may have friends or relatives in that health area who have experience with the programme.

The Bornu Health Area has been participating in the malaria programme for several years. Treatment for malaria is given at the health centre. Some local healers, including the one in Molaka, have agreed to distribute chloroquine to pregnant women in their villages.

The nutrition programme is just beginning in the Bornu Health Area. Information about nutrition is beginning to be taught in the schools, and the outreach worker from the health centre distributes nutritional material to mothers when she comes to the villages to give immunizations.

Meet with the other participants and course facilitator at the specified time for the role-play exercise.





## REMEMBER THIS

### ABOUT COMMUNITY INVOLVEMENT

- Work with the communities in your health area. Be sure the communities join in discussions and help make decisions about health matters.
- Be familiar with the communities you serve. Find out who has access to services and who does not.
- Find out what health problems are of greatest concern to people by talking with community decision makers, community members, and health workers.
- Discuss with community decision makers possible ways to improve health services and improve the health of the community.
- Come to agreement with the communities on how their resources and those of the Health Ministry will be used to improve health.

NOTE: Community involvement is a continuous process. In this module we have talked about the community's role in setting up health services. The community's ongoing role will be discussed throughout the other modules in this course.





## ANNEX

### Guidelines for Determining Current Population



## ANNEX

### GUIDELINES FOR DETERMINING CURRENT POPULATION

If you do not have up-to-date census figures for your health area, the following chart can help you estimate the current population.

- First, find what the population of your health area was at the last census, and find out how many years ago that census was taken.
- Then, find out the annual growth rate for your country. (If you do not know what it is, ask your district supervisor.)
- Now, use the chart.
  - Read down the left column of the chart until you come to the number that is the same as the number of years since the last census.
  - Follow that row across the chart until you come to the column representing your country's annual growth rate. Note the number at that point.
  - Multiply that number by the population of your health area at the time of the last census. This will give you the approximate current population.

Number of years since last census:	Annual Growth Rate			
	1%	2%	3%	4%
1	1.010	1.020	1.030	1.040
2	1.020	1.040	1.061	1.082
3	1.030	1.061	1.093	1.125
4	1.040	1.082	1.126	1.170
5	1.051	1.104	1.159	1.217
6	1.061	1.126	1.194	1.265
7	1.072	1.149	1.230	1.316
8	1.082	1.172	1.267	1.369
9	1.093	1.195	1.305	1.423
10	1.105	1.219	1.334	1.480

EXAMPLE In the Bornu Health Area, the population at the time of the last census was 23,103. That census was taken in 1980 and it is now 1984. The annual growth rate for the country is 2%. To compute the current population:

- Read down the left column of the chart to the number "4" (because the census was 4 years ago).
- Follow that row across to the column under 2% (the annual growth rate). The number at that point is 1.082.
- Multiply 1.082 by 23,103 (the population at the time of the census), and you will get the approximate current population, which is 24,997.

NOTE: When computing current population, take into consideration any factors that might make the growth rate of your health area different than that for the entire country (for example, nomads moving into the area, or people leaving because of a drought).



## DEFINITIONS OF TERMS

- Access - the opportunity to obtain or use a service. In this module, people with access to a health service are those who live near enough to use it.
- Barrier - an object or condition that makes it difficult or impossible to do something. A mountain can be a barrier that makes it difficult to travel to a health centre.
- Community - a group of people with a common characteristic or interest living together within a larger society. A community may have its own customs, traditions, leaders, or even language. Examples of a community include a village, a tribe, a city block, or a religious group.
- Community  
Decision Makers - those individuals who have a strong influence on the decision making process in a community. Community decision makers might include political leaders, religious leaders, elders, or social leaders.
- Community  
Health Worker - a resident of a community who has been trained to provide certain kinds of health care to that community.
- Episode - a single occurrence of a health problem. A child may have several separate episodes of diarrhoea in one year.
- Health Area - the geographic area, usually assigned by the government, for which a health facility supervisor has the responsibility of supplying health services.
- Motivation - a feeling that you want to do something. Lack of motivation is a feeling of not caring or of having no interest in doing something.
- Outreach - a system of providing health care in which a health worker travels to communities or individuals that would otherwise not have access to health services.
- Sampling - studying a carefully selected part of a population to gain information about the whole population. Sampling is usually used when the whole population is too large to be easily studied.
- Traditional  
Healer - a healer who uses natural substances and methods according to the community's social, cultural, and religious beliefs.

















